

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesHEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-  
Q)

ADDRESS (number and street)

55 WATER STREET

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10041

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00412247

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jay A. Schoenfeld

Signature of Treasurer

Electronically Filed by Jay A. Schoenfeld

Date

07

29

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		71964.51
(b) Cash on Hand at Beginning of Reporting Period .....	71964.51	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	71964.51	71964.51
7. Total Disbursements (from Line 31) .....	27750.00	27750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44214.51	44214.51
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	0.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27750.00	27750.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27750.00	27750.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27750.00	27750.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)</p> <p>Mailing Address 601 Pennsylvania Avenue NW Suite 500 South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23.5244</p> <p>Date of Disbursement  <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 03</div> <div><small>D D</small> 05</div> <div><small>Y Y Y Y</small> 2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CLARKE FOR CONGRESS</p> <p>Mailing Address 111-36 200TH STREET</p> <p>City HOLLIS State NY Zip Code 11412</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name YVETTE CLARKE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 11</p>	<p><b>Transaction ID:</b> SB23.5251</p> <p>Date of Disbursement  <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 03</div> <div><small>D D</small> 26</div> <div><small>Y Y Y Y</small> 2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name EDOLPHUS TOWNS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 10</p>	<p><b>Transaction ID:</b> SB23.5268</p> <p>Date of Disbursement  <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 06</div> <div><small>D D</small> 26</div> <div><small>Y Y Y Y</small> 2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**11000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONNECTICUT DEMOCRATIC STATE CENTRAL COMMITTEE</b>	<b>Transaction ID:</b> SB23.5264 <b>Date of Disbursement</b>
Mailing Address 179 Allyn Street Suite 301	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Hartford State CT Zip Code 06103	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>3750.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.5242 <b>Date of Disbursement</b>
Mailing Address 120 MARYLAND AVENUE NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS FOR HARRY REID</b>	<b>Transaction ID:</b> SB23.5261 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 19163	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name HARRY REID	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**13750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City  
WEST HARTFORD

State  
CT

Zip Code  
06127

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
CHRISTOPHER J DODD

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 00

**Transaction ID:** SB23.5247

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

GILLIBRAND FOR SENATE

Mailing Address 313 C STREET NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
KIRSTEN ELIZABETH GILLIBRAND

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 00

**Transaction ID:** SB23.5260

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

27750.00